

# The Power of VA DoD Sharing

Hawaii Collaboration

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System

# WHAT IF?

- A uniform referral and document management system existed for each VA/DoD joint venture and sharing site
- All VA workload sent to DoD were accounted for in time for VERA budget formation
- A charge master based billing system billed by episode of care using commercial best practices
- All joint patient data were visible to both parties
- A user friendly analytics tool enabled analysis and forecasting

# People-centric Outcome-oriented      Transformational

- Make possible **higher quality** of clinical services and **access** for VA and DoD beneficiaries and outcome measures
- **Add resources** => Add \$4.5 m, a 30% increase annually, in VERA-allocated funding to VAPIHCS and provide additional incentive in sharing
- **Free up resources** => 6 FTE for 3 months on current manual workarounds at VAPIHCS/TAMC
- Standardize costing of clinical services => **improve VA/DoD coordination** of services and **timeliness** of VA/DoD reimbursement
- **Improve planning**, analysis, and reporting by each facility

# Agenda

- Background of Hawaii Collaborative
- Creation of DR - Document Management and Referral Management System
- Development of eDR – Enhanced DR
  - Description of Joint Analytical Repository
- Next steps

# Background of Hawaii Collaborative

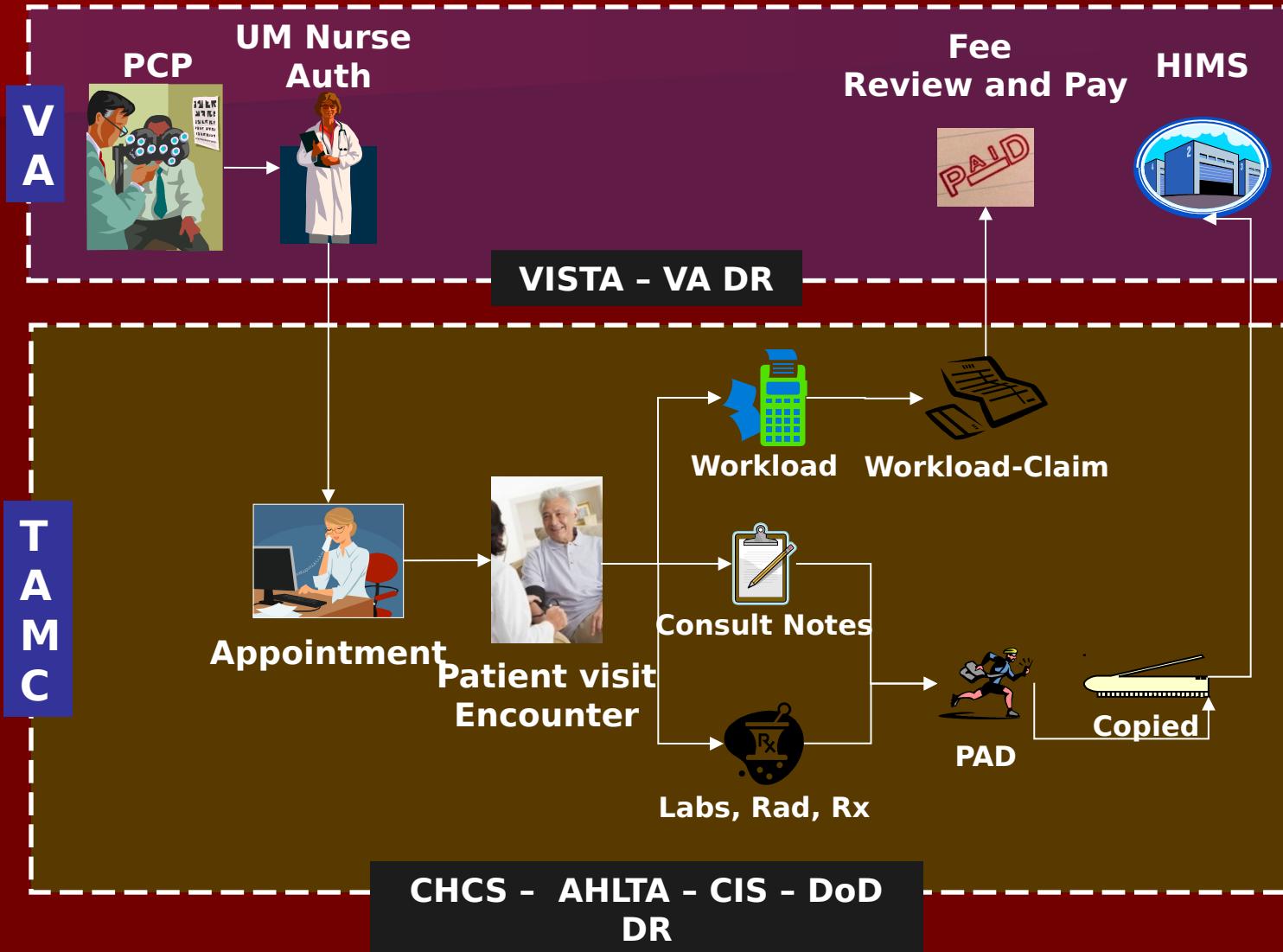
- Largest number of VA patients referred to a DoD MTF in a VA/DoD joint venture
- Greatest rural and remote complexities in service delivery for any joint venture or sharing site
- One of the first designated joint ventures



# Creation of Document Management and Referral Management (DR)

- FY 2003 National Defense Authorization Act (NDAA) Demonstration Site Selection Project for “Financial Management”
- 3 Major Studies; 99 Recommendations
- Resulted in the first electronic document management and referral management system specifically designed for joint ventures

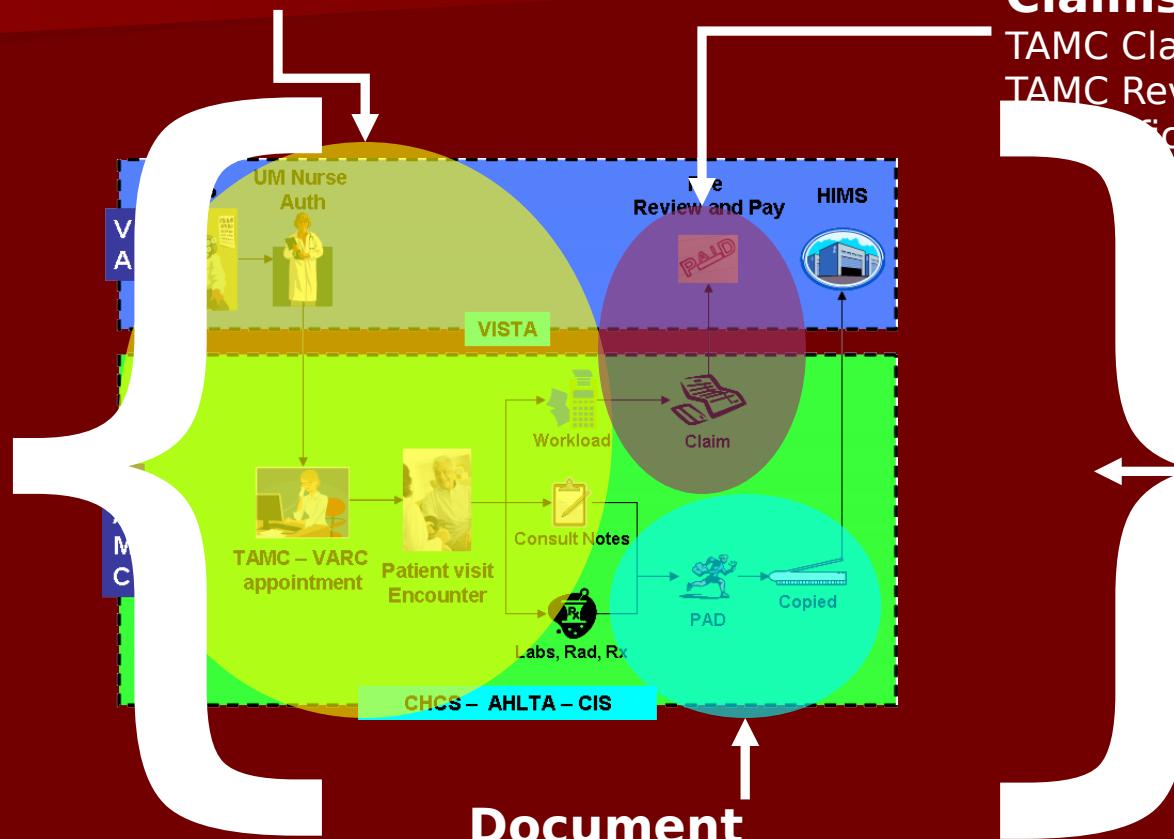
# Before DR



# AFTER DR

## Referral Management

VISTA and CHCS data pulls  
Match referrals with visits



## Document Management

Scan with or without Auth No.  
Index Entry Verification

What did we do?

Current State

Goals

Proposed Solution

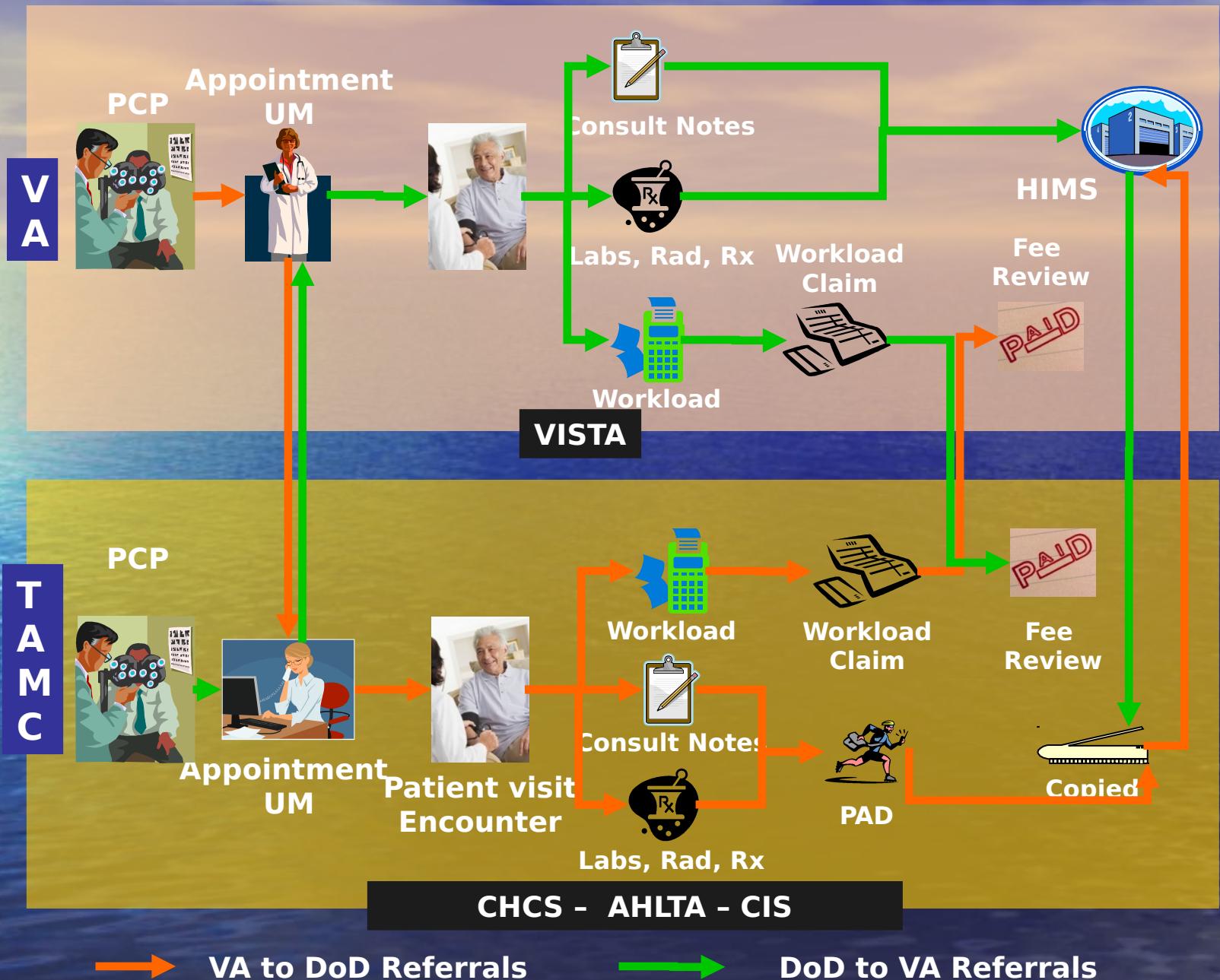
# eDR - Enhanced DR

More than just a referral and document management system

## 4 Modules:

- Bi-directional eDR (Oct 2009)
- Charge Master Billing System (Jan 2010)
- Joint Analytic Repository (Mar 2010)
- VistA Fee/IPAC Interface (Apr 2010)

# eDR - Enhanced DR



# eDR Analytics Architecture

- **eDR**

Document Referral Management System

- **CMBB**

Charge Master Base Billing System

- **VA Data Warehouse**

Proprietary patient information used exclusively by VA for applications and reports

- **DoD Data Warehouse**

Proprietary patient information used exclusively by DoD for applications and reports

- **JAR**

Shared and centralized database containing DoD and VA patient information for reporting.

- **Data Quality Controls**

Deployed processes and methodology used to ensure data integrity.

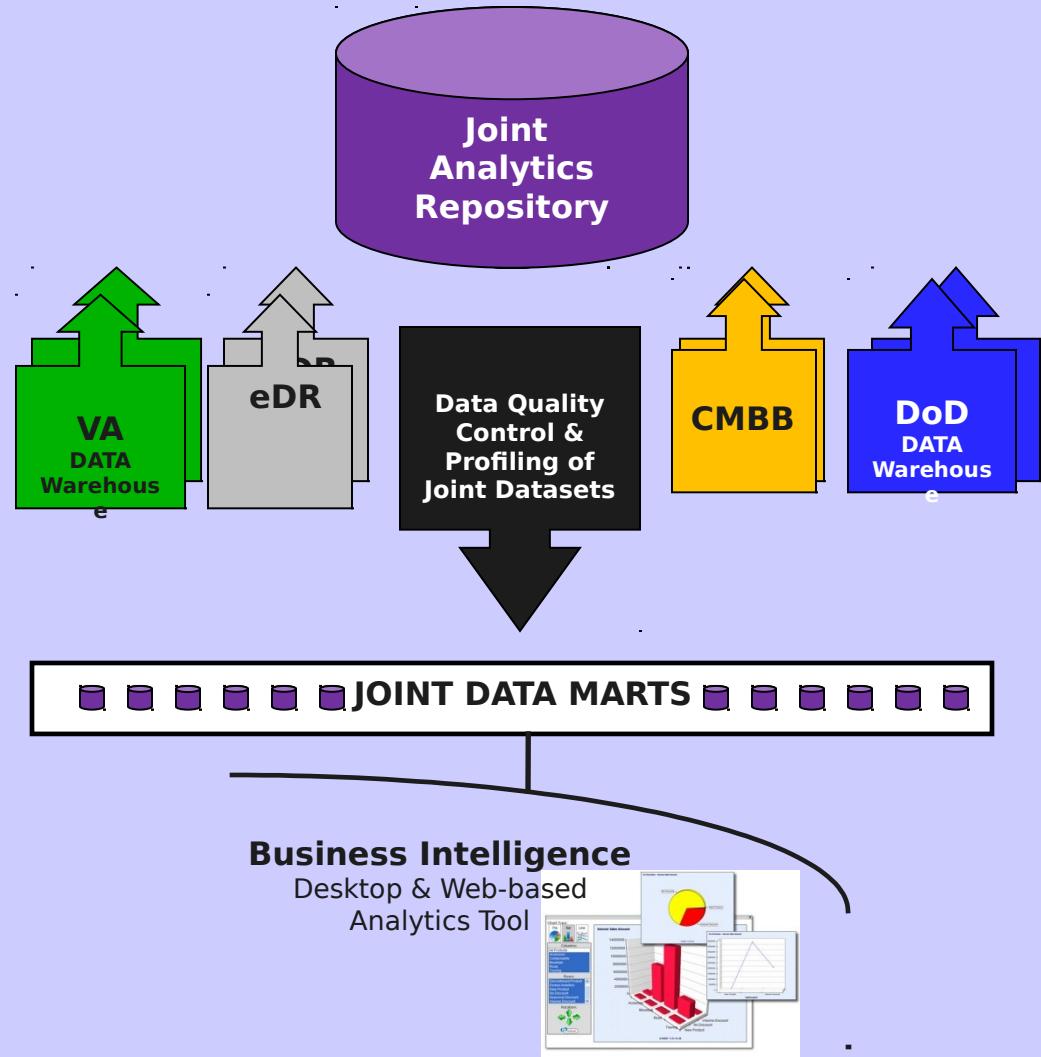
- **Joint Data Marts**

Small dataset that contain predefined and categorized patient information for quick reporting.

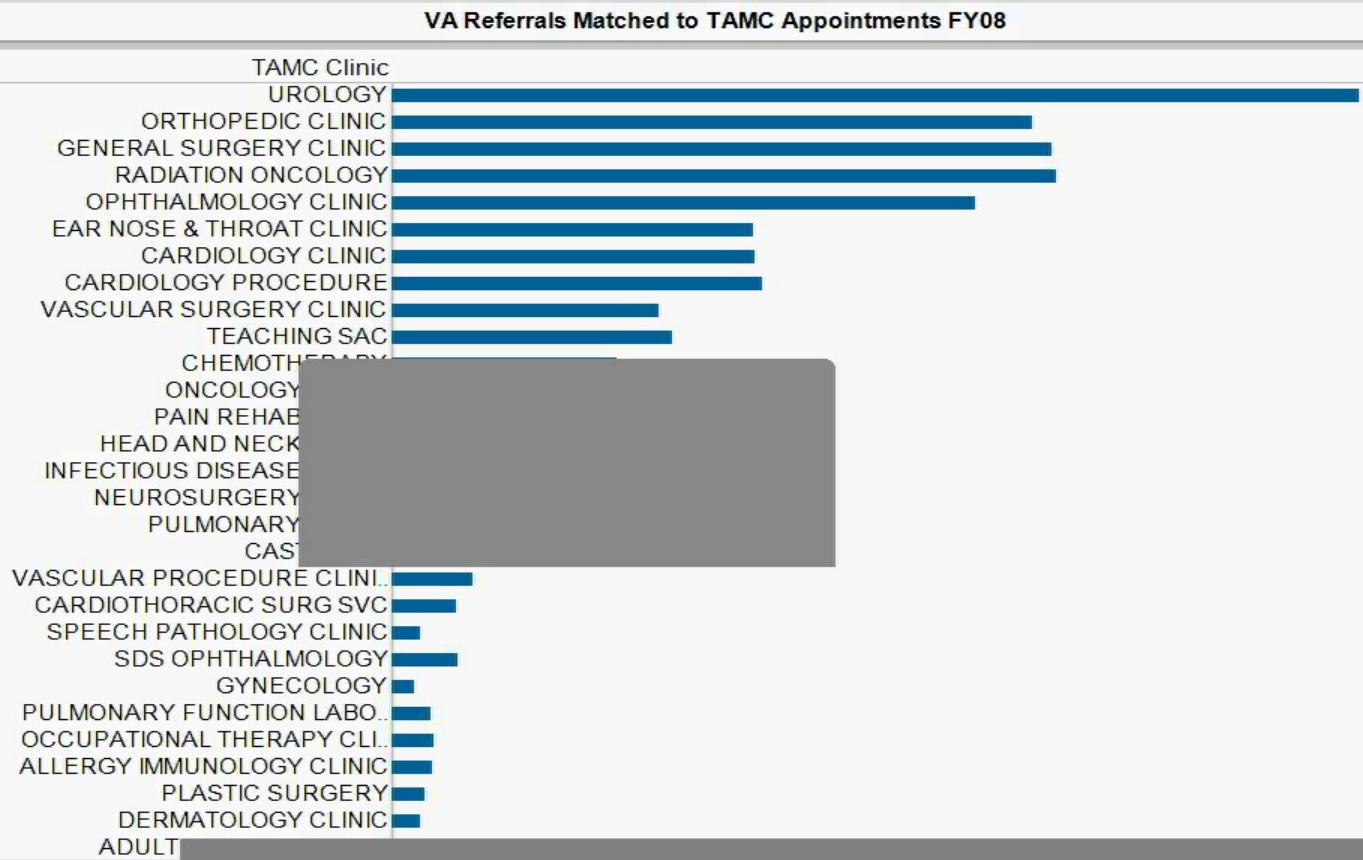
- **Business Intelligence**

User friendly desktop and web-based reporting tool that gives end-user the ability to create rich reports independent of IT staff.

## Joint Analytics Repository Flow Chart



# JAR Business Intelligence Reporting Tool ::



# NEXT STEPS

- Build a dialogue with other VA/DoD sharing sites
  - Identify and assess needs and potential benefits
  - Identify desired features
  - Provide input - during development of four eDR modules and upon national release of VistA Fee IPAC patch (automated VA workload) to VA medical centers January 2010
  - Provide input - during development of documents and materials
- Develop, test, gain certification, and release to other VA/DoD sharing sites
  - Consistent with VA, DoD, and VA/DoD Joint Executive Council review and approval
  - Proposed JIF Funding will pay for site implementation for those joint venture and sharing sites that desire to use
  - No other joint venture business applications are available

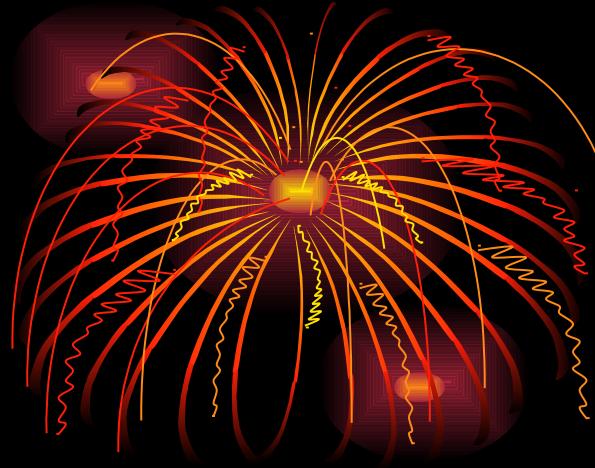
# **There is more to Paradise than Beaches and Bikinis**





VistA Fee/IPAC

Just In Case You Wanted to  
Know

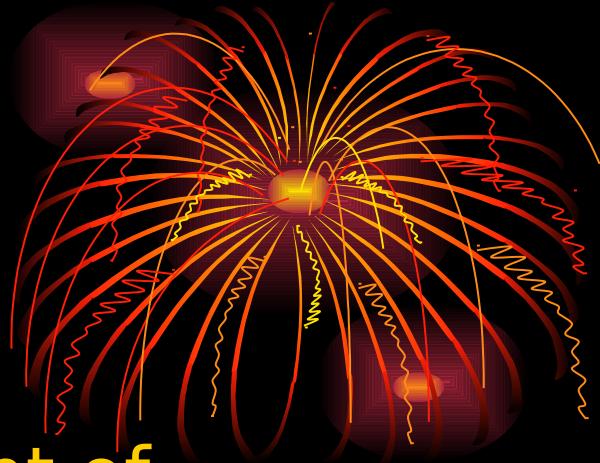


# VistA Fee/IPAC

- What is it?
- Benefits
- Status of Development
- Summary

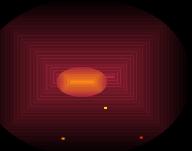
# What is it?

- Complies with the Department of Treasury mandate to pay other federal agencies using the Intra-Governmental Payment and Collection System (IPAC).
- VistA Fee/IPAC is a patch to the VistA Fee system that will permit VA to pay DoD within the VistA system
- Permits workload to be captured that will be counted towards VERA budget



# Benefits

- Workload captured ‘in-system’
- VERA allocation should increase due to 100% workload capture
- Non VA Fee reports for VA patients referred to DoD can be run
- MCCF collections could increase



# Status Of Development

- Effort started in April 2006
- Approval won in July 2008
- Funding occurred in November 2008
- Project development started in December 2008
- Projected Beta test in Hawaii December 2009-January 2010
- Roll out to all VA facilities January-February 2010

# Summary

- VistA Fee/IPAC will be a positive incentive for sharing
  - Takes away disincentive for VA partner of negative budget impact for lost workload/lost revenue
- VistA Fee/IPAC will be first joint venture tool to speed up payments for care received

